

HABILITATION SERVICES VENDOR PROFILE

DS 1970 WAP (New 4/2004) (Electronic Version)

TYPE OR PRINT LEGIBLY (SEE INSTRUCTIONS)

DATE

WORK ACTIVITY PROGRAM (General Information)**Provider (Regional Center Vendor) Information**

| | | | |
|-------------------|------------------------|-----------------------------------|------------------------|
| Provider Name | | DDS Provider # | DOR Facility # |
| Doing Business As | | Service Codes Vendored to Provide | |
| Program Address | Program Contact Person | Program Phone Number | Program Contact E-mail |

Administrative Information (if different from above)

| | | | |
|------------------------|------------------------|----------------------|-----------------------|
| Administrative Address | Administrative Contact | Administrative Phone | Administrative E-mail |
|------------------------|------------------------|----------------------|-----------------------|

Accreditation/Certification Information

| | | |
|---|--|-----------------------------------|
| DOR Certification Expiration Date (if applicable) | CARF Accreditation Expiration Date (if applicable) | Length of Last CARF Accreditation |
|---|--|-----------------------------------|

WORK ACTIVITY PROGRAM SPECIFIC INFORMATION

As of Date

| | | |
|---------------------------|---------------------------------------|------------------------------------|
| Vendoring Regional Center | Utilizing Regional Centers (list all) | Utilizing DOR Districts (list all) |
|---------------------------|---------------------------------------|------------------------------------|

| | | | | |
|---|------------|--|--------------------|--|
| Program Day | Start Time | Stop Time | Lunch Break Length | Total Program Hours |
| Number of Consumers Currently Funded by Habilitation Services | | Number of Consumers Currently Funded by VR/WAP | | Other Funding Srcs (e.g., School/Transition Progrms) |

| | |
|--|---|
| Provider's Average of Consumer's Percentage of Paid Work (Specific 3 months) | Provider's Average of Consumer Productivity (same 3 months) |
|--|---|

| | |
|--|---|
| Provider's Average of Consumer Wages (same 3 months) | Provider's Number of Consumers with Productivity Less than 10 Percent (same 3 months) |
|--|---|

| | | |
|--|--------------------------------------|--|
| Languages Spoken by Consumer Supervisors | Number of Supervisors Over Consumers | Number of Consumers Each Supervisor Supervises |
|--|--------------------------------------|--|

List Types of Contract Work (e.g. Mail Services, Packaging, Assembly, etc.)

Other DOR Provided Services (e.g., Personal Vocational Social Adjustment, Work Evaluation, etc)

Other Regional Center Vendored Services (e.g., DTAC, Social Recreational, etc.)

Provide a brief narrative of the program's philosophy and services provided to help consumers maximize their vocational skills.